

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:18

DOCUMENT # **S23202** (2)  
1. Corporation Name  
**GLOBAL HABITAT, INC.**

Principal Place of Business Mailing Address  
**5677 COLCORD AVE JACKSONVILLE FL 32211 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/08/1991** 3a. Date of Last Report **05/09/1994**  
4. FEI Number **59-3086021** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**GRISSETT, W E JR  
233 EAST BAY ST.  
1001 BLACKSTONE BLDG.  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
81 Name **John M. Swanger**  
82 Street Address (P.O. Box Number is Not Acceptable) **5277 MAGNOLIA CIRCLE N.**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32211**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE *John M. Swanger* **John M. Swanger** DATE **1-10-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>GRISSETT, W E JR.</b>
STREET ADDRESS	<b>233 E. BAY ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>PD</b>
NAME	<b>JAQUETT, FRANK D</b>
STREET ADDRESS	<b>3134 DALEHURST DR W</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>ST</b>
NAME	<b>SWANGER, JOHN M</b>
STREET ADDRESS	<b>5277 MAGNOLIA CIR N</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DELETE</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<b>SECRETARY-TREASURER DIRECTOR John M. Swanger 5277 MAGNOLIA CIRCLE N. JACKSONVILLE FLORIDA 32211</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Frank D. Jaquet* **FRANK D. JAQUETT** 1-1296904-721-0669